



06-30-03

QP 1635

Express Mail Mailing Label No.: EL946871493US

TRANSMITTAL
FORM

Application Serial Number	09/155,708
Filing Date	April 5, 1999
First Named Inventor	Farrar
Group Art Unit	1635
Examiner Name	Janet L. Epps-Ford
Attorney Docket No.	MUR-003
Patent No.	Not applicable
Issue Date	Not applicable

RECEIVED
JUL 07 2003
TECH CENTER 1600/2900

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form <input checked="" type="checkbox"/> Amendment and Response Exhibits A and B <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] <input checked="" type="checkbox"/> Petition for Extension of Time <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations (A1-A49 & B1-B4) <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Sequence Listing submission <input checked="" type="checkbox"/> Paper Copy/CD <input checked="" type="checkbox"/> Computer Readable Copy <input checked="" type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application <input type="checkbox"/> Formal Drawings <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosures (please identify below)
---	---	--

CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
Testa, Hurwitz & Thibault, LLP
High Street Tower
125 High Street
Boston, MA 02110
Tel. No.: (617) 248-7000
Fax No.: (617) 248-7100

SIGNATURE BLOCK

Respectfully submitted,

Date: June 27, 2003
Reg. No.: 43,153
Tel. No.: (617) 310-8168
Fax No.: (617) 248-7100

Diana M. Steel
Diana M. Steel
Attorney for Applicants
Testa, Hurwitz & Thibault, LLP
High Street Tower
125 High Street
Boston, MA-02110



FREE TRANSMITTAL
FY 2003

Complete if Known	
Application Serial Number	09/155,708
Filing Date	April 5, 1999
First Named Inventor	Farrar
Group Art Unit	1635
Examiner Name	Janet L. Epps-Ford
Attorney Docket No.	MUR-003

RECEIVED
JUL 6 7 2003
TECH CENTER 1600/2900

METHOD OF PAYMENT				FEE CALCULATION (continued)																																																																																			
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other				3. ADDITIONAL FEES																																																																																			
2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.				<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Large Entity Fee (\$)</th> <th style="text-align: center;">Small Entity Fee (\$)</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: center;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">130</td> <td style="text-align: center;">65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td style="text-align: center;">50</td> <td style="text-align: center;">25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td style="text-align: center;">130</td> <td style="text-align: center;">130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td style="text-align: center;">2,520</td> <td style="text-align: center;">2,520</td> <td>Request for ex parte reexamination</td> <td></td> </tr> <tr> <td style="text-align: center;">110</td> <td style="text-align: center;">55</td> <td>Extension for reply within first month</td> <td style="text-align: center;">\$ 55.00</td> </tr> <tr> <td style="text-align: center;">410</td> <td style="text-align: center;">205</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td style="text-align: center;">930</td> <td style="text-align: center;">465</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td style="text-align: center;">1450</td> <td style="text-align: center;">725</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td style="text-align: center;">1970</td> <td style="text-align: center;">985</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td style="text-align: center;">320</td> <td style="text-align: center;">160</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td style="text-align: center;">320</td> <td style="text-align: center;">160</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td style="text-align: center;">280</td> <td style="text-align: center;">140</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td style="text-align: center;">130</td> <td style="text-align: center;">130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td style="text-align: center;">180</td> <td style="text-align: center;">180</td> <td>Submission of Information Disclosure Statement</td> <td></td> </tr> <tr> <td style="text-align: center;">750</td> <td style="text-align: center;">375</td> <td>Filing a submission after final rejection (37 CFR 1.129(a))</td> <td></td> </tr> <tr> <td style="text-align: center;">750</td> <td style="text-align: center;">375</td> <td>For each additional invention to be examined (37 CFR 1.129(b))</td> <td></td> </tr> <tr> <td style="text-align: center;">100</td> <td style="text-align: center;">100</td> <td>Certificate of Correction for applicant's error</td> <td></td> </tr> <tr> <td colspan="2"></td> <td>Other fee (Specify)</td> <td></td> </tr> <tr> <td colspan="2"></td> <td>Other fee (Specify)</td> <td></td> </tr> </tbody> </table>				Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid	130	65	Surcharge - late filing fee or oath		50	25	Surcharge - late provisional filing fee or cover sheet		130	130	Non-English specification		2,520	2,520	Request for ex parte reexamination		110	55	Extension for reply within first month	\$ 55.00	410	205	Extension for reply within second month		930	465	Extension for reply within third month		1450	725	Extension for reply within fourth month		1970	985	Extension for reply within fifth month		320	160	Notice of Appeal		320	160	Filing a brief in support of an appeal		280	140	Request for oral hearing		130	130	Petitions to the Commissioner		180	180	Submission of Information Disclosure Statement		750	375	Filing a submission after final rejection (37 CFR 1.129(a))		750	375	For each additional invention to be examined (37 CFR 1.129(b))		100	100	Certificate of Correction for applicant's error				Other fee (Specify)				Other fee (Specify)	
Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid																																																																																				
130	65	Surcharge - late filing fee or oath																																																																																					
50	25	Surcharge - late provisional filing fee or cover sheet																																																																																					
130	130	Non-English specification																																																																																					
2,520	2,520	Request for ex parte reexamination																																																																																					
110	55	Extension for reply within first month	\$ 55.00																																																																																				
410	205	Extension for reply within second month																																																																																					
930	465	Extension for reply within third month																																																																																					
1450	725	Extension for reply within fourth month																																																																																					
1970	985	Extension for reply within fifth month																																																																																					
320	160	Notice of Appeal																																																																																					
320	160	Filing a brief in support of an appeal																																																																																					
280	140	Request for oral hearing																																																																																					
130	130	Petitions to the Commissioner																																																																																					
180	180	Submission of Information Disclosure Statement																																																																																					
750	375	Filing a submission after final rejection (37 CFR 1.129(a))																																																																																					
750	375	For each additional invention to be examined (37 CFR 1.129(b))																																																																																					
100	100	Certificate of Correction for applicant's error																																																																																					
		Other fee (Specify)																																																																																					
		Other fee (Specify)																																																																																					
FEE CALCULATION																																																																																							
1. FILING FEE																																																																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Large Entity Fee (\$)</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: center;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">750</td> <td>Utility filing fee</td> <td></td> </tr> <tr> <td style="text-align: center;">330</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td style="text-align: center;">160</td> <td>Provisional filing fee</td> <td></td> </tr> </tbody> </table>				Large Entity Fee (\$)	Fee Description	Fee Paid	750	Utility filing fee		330	Design filing fee		160	Provisional filing fee																																																																									
Large Entity Fee (\$)	Fee Description	Fee Paid																																																																																					
750	Utility filing fee																																																																																						
330	Design filing fee																																																																																						
160	Provisional filing fee																																																																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Number Filed</th> <th style="text-align: center;">Number Extra</th> <th style="text-align: center;">Rate</th> <th style="text-align: center;">Amount</th> </tr> </thead> <tbody> <tr> <td colspan="4">Total Claims - 20 = x \$ 18.00 =</td> </tr> <tr> <td colspan="4">Independent Claims - 3 = x \$ 84.00 =</td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Multiple Dependent Claim(s), if any \$280.00 =</td> </tr> <tr> <td colspan="3" style="text-align: right;">TOTAL:</td> <td style="text-align: center;">0</td> </tr> <tr> <td colspan="3" style="text-align: right;">SMALL ENTITY DISCOUNT:</td> <td style="text-align: center;">0</td> </tr> <tr> <td colspan="3" style="text-align: right;">SUBTOTAL (1)</td> <td style="text-align: center;">(\$) 0</td> </tr> </tbody> </table>				Number Filed	Number Extra	Rate	Amount	Total Claims - 20 = x \$ 18.00 =				Independent Claims - 3 = x \$ 84.00 =				<input type="checkbox"/> Multiple Dependent Claim(s), if any \$280.00 =				TOTAL:			0	SMALL ENTITY DISCOUNT:			0	SUBTOTAL (1)			(\$) 0																																																								
Number Filed	Number Extra	Rate	Amount																																																																																				
Total Claims - 20 = x \$ 18.00 =																																																																																							
Independent Claims - 3 = x \$ 84.00 =																																																																																							
<input type="checkbox"/> Multiple Dependent Claim(s), if any \$280.00 =																																																																																							
TOTAL:			0																																																																																				
SMALL ENTITY DISCOUNT:			0																																																																																				
SUBTOTAL (1)			(\$) 0																																																																																				
2. AMENDMENT CLAIM FEES																																																																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Claims Remaining After Amend.</th> <th style="text-align: center;">Highest No. Previously Paid For</th> <th style="text-align: center;">Present Extra</th> <th style="text-align: center;">Rate</th> <th style="text-align: center;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td colspan="5">Total - = x \$ 18.00 =</td> </tr> <tr> <td colspan="5">Indep. - = x \$ 84.00 =</td> </tr> <tr> <td colspan="5"><input type="checkbox"/> First Presentation of Multiple Dep. Claim + \$280.00 =</td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL:</td> <td style="text-align: center;">(\$) 0</td> </tr> <tr> <td colspan="4" style="text-align: right;">SMALL ENTITY DISCOUNT:</td> <td style="text-align: center;">(\$) 0</td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (2)</td> <td style="text-align: center;">(\$) 0</td> </tr> </tbody> </table>				Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid	Total - = x \$ 18.00 =					Indep. - = x \$ 84.00 =					<input type="checkbox"/> First Presentation of Multiple Dep. Claim + \$280.00 =					TOTAL:				(\$) 0	SMALL ENTITY DISCOUNT:				(\$) 0	SUBTOTAL (2)				(\$) 0																																																	
Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid																																																																																			
Total - = x \$ 18.00 =																																																																																							
Indep. - = x \$ 84.00 =																																																																																							
<input type="checkbox"/> First Presentation of Multiple Dep. Claim + \$280.00 =																																																																																							
TOTAL:				(\$) 0																																																																																			
SMALL ENTITY DISCOUNT:				(\$) 0																																																																																			
SUBTOTAL (2)				(\$) 0																																																																																			
				SUBTOTAL (3) (\$) 55.00																																																																																			
				SUBTOTAL (1) 0																																																																																			
				SUBTOTAL (2) 0																																																																																			
				SUBTOTAL (3) \$ 55.00																																																																																			
				TOTAL (\$) 55.00																																																																																			
CORRESPONDENCE ADDRESS				SIGNATURE BLOCK																																																																																			
Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibault, LLP High Street Tower-125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100				Respectfully submitted, Date: June 27, 2003 Reg. No.: 45,153 Tel. No.: (617) 310-8168 Fax No.: (617) 248-7100 Diana M. Steel Attorney for the Applicants Testa, Hurwitz & Thibault, LLP High Street Tower-125 High Street Boston, MA 02110																																																																																			